

INFORMED CONCENT FOR TELETHERAPY SERVICES WITH AMY L. KOPEL, LCSW-C

Due to the recent Coronavirus it may become necessary to ‘see’ each other via teletherapy. I will be using Zoom and like face-to-face therapy we will schedule a time to meet and I will be inviting you to join me in a teletherapy session that will include visual and auditory availability.

The following guidelines need to be reviewed prior to accepting any Teletherapy session.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me, during the course of my therapy or consultation, is generally confidential. However, there are both mandatory and permissive exception to confidentiality, which have been discussed and are outlined in my Private Practice Policy which you can find on my website.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility that despite reasonable efforts on the part of Amy L. Kopel, LCSW-C that: the transmission of our session might disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons. Arrangements will be made to have a backup phone number to manage any interruptions. Meanwhile, be assured that I will be using a HIPPA compliant teletherapy site.
4. I understand that teletherapy based services and care may not be as complete as face-to-face services. The risk that non-verbal and verbal cues will be missed is naturally greater. Therefore, the therapist may need to clarify intended messages with the client during the session.

5. By signing this document, I agree that certain situations, including emergencies and crises, may be inappropriate for teletherapy. If I am in crisis or in an emergency, I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

6. Payment for teletherapy services will be billed to your insurance company. Every effort will be made to verify that teletherapy is covered. It might be in your best interest to contact your insurance company, in advance, to confirm they will pay for teletherapy. Since I will not be able to accept cash, I would ask that you mail me a check either personal or through the bank. I will be periodically going to the office to pick up the mail. If your co-pay is high enough, I can take a credit card as long as you agree to cover the service charges, which is usually a few extra dollars. In the case that your insurance does not cover teletherapy I would charge you the amount your insurance would pay me if we met face-to-face.

7. I understand that while email and/or text messages may be used to communicate with the therapist confidentiality cannot be guaranteed.

Patient Consent to the Use of Teletherapy:

I have read and understand the information provided above regarding teletherapy, have discussed it with my counselor, and all my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use to teletherapy services.

I hereby give my informed consent to participate in the use of teletherapy service, for mental health treatment, under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Print Name _____

Client's Signature/Date _____

Parent or legal guardian's signature/Date _____

Therapist name _____

Therapist signature/Date _____